## ( AMDT a/1405

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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number 9/87480/

| Effective October 1, 2000                                                                                                                                                                                                                                  |                     |                                           |              |                               |                               |                  |             |                   | BB01205780000          |    |                              |                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------|--------------|-------------------------------|-------------------------------|------------------|-------------|-------------------|------------------------|----|------------------------------|-------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                             |                     |                                           |              |                               |                               |                  |             | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>R SMALL ENTITY |                         |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                               |                     |                                           | 37           |                               |                               |                  | F           | RATE              | FEE                    |    | RATE                         | FEE                     |  |
| FOR                                                                                                                                                                                                                                                        |                     |                                           | NUMBER FILED |                               | NUMBER EXTRA                  |                  | BA          | SIC FEE           | 355.00                 | OR | BASIC FEE                    | 710.00                  |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                    |                     |                                           | 27 minus 20= |                               | . 4                           |                  | 5           | (\$ 9=            | 63                     | OR | X\$18=                       |                         |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                         |                     |                                           | 5 minus 3 =  |                               | . 2                           |                  | 5           | (40 <del>=</del>  | <b>\$</b> 0            | OR | X80=                         |                         |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                           |                     |                                           |              |                               |                               |                  |             | 135=              | <i>E</i> 00            | OR | +270=                        |                         |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                   |                     |                                           |              |                               |                               |                  | L           |                   | 498                    | OR | TOTAL                        |                         |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                               |                     |                                           |              |                               |                               |                  |             |                   |                        | OR | OTHER<br>SMALL               |                         |  |
| AMENDMENT A                                                                                                                                                                                                                                                | 7.                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY           | PRESENT<br>EXTRA |             | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                         | ADDI-<br>TIONAL<br>FEE  |  |
| Z Z                                                                                                                                                                                                                                                        | Total               | . 40                                      | Minus        | -2                            | 1                             | = [3             | ,           | <b>(\$ 9=</b>     | 117.01                 | OЯ | X\$18=                       |                         |  |
| AME                                                                                                                                                                                                                                                        | Independent         | • 7                                       | Minus .      | 5                             |                               | =2               | 7           | #Z <u>-</u>       | 84.27                  | OR | X80=                         |                         |  |
| با                                                                                                                                                                                                                                                         | FIRST PRESE         | NIATION OF M                              | OLTIPLE DE   | PENDEN                        | CLAIM                         | <del>  - -</del> | ¹ [.        | 135=              |                        | OR | +270=                        |                         |  |
| <br>                                                                                                                                                                                                                                                       |                     |                                           |              |                               |                               |                  |             | TOTAL<br>DIT. FEE | 24 1.00                |    | . TOTAL<br>ADDIT, FEE        |                         |  |
|                                                                                                                                                                                                                                                            |                     | _ ~                                       | JII. FEE     |                               | •                             | ,                |             |                   |                        |    |                              |                         |  |
| AMENDMENT B                                                                                                                                                                                                                                                |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | -            | NUM<br>PREVI                  | HEST<br>HBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |             | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                         | ADDI-<br>TIONAL<br>FEE  |  |
| NON<br>NO                                                                                                                                                                                                                                                  | Total               | . 27                                      | Minus        | 4                             | 0                             | -                | ] ] ,       | <b>(\$ 9=</b>     |                        | OR | X\$18=                       |                         |  |
| AME                                                                                                                                                                                                                                                        | Independent         | • 4                                       | Minus        | •••                           | 7                             |                  | 1 [         | X40=              |                        | OR | X80=                         |                         |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                             |                     |                                           |              |                               |                               |                  | <b>」</b> 「, | 135=              |                        | OR | +270=                        |                         |  |
|                                                                                                                                                                                                                                                            |                     |                                           |              |                               |                               |                  | ADI         | TOTAL<br>DIT. FEE |                        | OR | TOTAL ADDIT. FEE             |                         |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                           |                     |                                           |              |                               |                               |                  |             |                   |                        |    |                              |                         |  |
| AMENDMENT C.                                                                                                                                                                                                                                               |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV                   | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |             | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                         | "ADDI-<br>TIONAL<br>FEE |  |
| NON                                                                                                                                                                                                                                                        | Total               | . 12                                      | Minus        | ·· 4                          | 0                             | =                | 1 7         | X\$ 9=            |                        | OR | X\$18=                       | ï                       |  |
| AME                                                                                                                                                                                                                                                        | Independent         | · 2                                       | Minus        | 1 /                           | 2                             | 1=               | 4           | X40=              |                        | OR | X80=                         |                         |  |
| Ц                                                                                                                                                                                                                                                          | FIRST PRESE         | NTATION OF N                              | MULTIPLE DE  | PENDEN                        | IT CLAIM                      |                  | ┚┝          | 135=              |                        | 1  | +270=                        | 1                       |  |
|                                                                                                                                                                                                                                                            | f the entry in colu |                                           |              |                               |                               |                  | <u> </u>    | TOTAL             |                        | OR | TOTAL                        | <del> </del>            |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                     |                                           |              |                               |                               |                  |             |                   |                        |    |                              |                         |  |